Proof of Service

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. F. A. Signature D. Agent D. Addressee B. Received by (Printed Name) Kob Ston E C. Date of Delivery
DIANA ALEXANDER REGISTERED AGENT MOUNTAIN VILLAGE PARKS, INC. P.O. BOX 1226 BIG PINEY, WY 83113 DOCKET # SDW A- 08-2012- JUL 2 4 2012 0026	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7009 3410	0000 2592 8529
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1544

8/21/2012

Judith m. mc Ternan